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Occupational Health and Emergency Medical Training and
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TARGET AUDIENCE

This course is designed for Medical Corps and Nurse Corps officers, physician assistants, Medical Service Corps officers in specialties 67B, C, or E, and other selected medical professionals.

OBJECTIVES

The objectives for the course are:

- Integrate basic chemical agent terminology into medical officer professional language.
- Describe the pathophysiology of the major chemical agents and apply that knowledge to casualty handling and therapeutic decisions.
- Given an understanding of other diagnoses and treatments, apply the fundamentals of chemical agent terminology, method of action, pathophysiology to correctly diagnosis and treatment of chemical agent casualties.
- Apply the principles of triage, decontamination, and dirty side medical stabilization to the planning and preparation for chemical agent casualty management from the time of first medical contact to release.
- Apply principles of prevention, decontamination and detection to reduce the illness and injury due to chemical agent exposure.
- Given a perspective of chemical agent use over time, students will discuss medical planning and preparation for potential future application of chemical agents.
- Recognize potential biological agents, the clinical effects of the agents, and means of therapeutic intervention in both a medical center and a field environment.
- Recognize methods of handling contaminated and uncontaminated casualties in a field environment or a fixed medical facility.
- Recognize the historical the aspects of biological agent use in warfare and identify biological warfare capabilities present in the world today or in the near future.
- Describe the various types of radiological hazards, radiation units of measurement, and effects of ionizing radiation on cells.
- Describe the relative radiosensitivity of mammalian cell types.
- Communicate the concept of LD50 and the relationship of dose to survivability.
- Describe the characteristics of each phase of the acute radiation syndrome.
- Communicate triage strategies for radiation injured patients.
- List the methods available for removal of internally deposited radioactive materials.
- Describe the scope and threat of radionuclide contamination to DoD personnel.
- Describe the pathophysiology of internal radionuclide contamination.
- Identify assessment methods and treatments for internal radionuclide contamination by specific radionuclides.
- Describe how most accidents could easily have been avoided by following standard safety procedures.
- Demonstrate the importance of good leadership in preventing or minimizing the consequences of radiation accidents

EDUCATIONAL NEEDS

Hospitals are an integral part of any community response to a significant healthcare emergency, including major acts of terrorism. Because of their organizational, financial and legal complexity, hospitals face ongoing challenges in achieving and maintaining preparedness for CBRNE terrorist events, and large-scale accidents involving unusual hazards (Rubin, 2004). Multiple studies conducted over a period of several years have identified ongoing shortfalls in the capability of the nation's hospitals to respond safely and effectively to incidents of chemical, biological, or radiological terrorism resulting in large numbers of casualties (Schafermeyer, 2001, as cited by American College of Emergency Physicians, 2004; West Virginia University, 2002; Gursky, 2004).

A new urgency for hospital preparedness for incidents involving hazardous materials or weapons of mass destruction (WMD) has resulted from recent changes in healthcare institution accreditation standards. The newest standards require hospitals to have specific plans for response to WMD situations, including a detailed approach for decontaminating and isolating, as needed, casualties of chemical, biological or radiological events (Joint Commission on Accreditation of Healthcare Organizations, 2004). Improving medical readiness for terrorist events has also been identified as a top priority for military healthcare institutions (Winkenwerder, 2002).

An ongoing need exists for continually further preparing the medical community to face terrorist events involving weapons of mass destruction; this need includes accredited formal educational programs (American Medical Association, 2001).

References:

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Gursky, E. (2004) "Hometown Hospitals: The Weakest Link?" Washington, DC: National Defense University. Accessed at http://www.ndu.edu/ctnsp/rural%20hospitals.htm.

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Rubin, J (2004) "Recurring Pitfalls in Hospital Preparedness and Response. Journal of Homeland Security, 01/04. Accessed at http://www.homelandsecurity.org/journal/Articles/displayarticle.asp?article=101.

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Winkenwerder, W. Jr. (2002) "Military Health System: An Overview Statement" (statement to the United States Senate, Committee on Appropriations, Defense Subcommittee). Accessed at http://www.defenselink.mil/dodgc/olc/docs/test02-05-08Winkenwerder.rtf.

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